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FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

A NURSING PAGEANT

MRS. FENWICK'S bounteous and unwearying brain has suggested a nursing masque or pageant which has been a wonderful and beautiful event, given on February 18, in support of the bill for registration of trained nurses now before Parliament. The description of it is so captivating that we give as much as our space will permit. Miss Mollett wrote the words for it, and they are very poetic.

"The masque will demonstrate that health is the *right* of life, that ignorance is primarily responsible for disease, that to get truth and knowledge is therefore an imperative duty.

"ORDER OUT OF CHAOS

"According to Ovid, at first the sea, the earth, and the heaven, which covers all things, were the only face of Nature throughout the whole universe, which men have called Chaos. To this discord God and bounteous Nature put an end.

"THE PROCESSION OF IMMORTALS

"After æons of time we will suppose that Hygeia, the Goddess of Health, visits the Earth, supported by the beneficent Elements, Earth, Air, Fire, and Water, the separation of which evolved Order out of Chaos. Following in her train will come the Spirit of Nursing, attended by the Attributes of Compassion and Kindness, Gentleness and Modesty, Courage and Patience, Devotion and Endurance.

"The Science of Nursing will follow, supported by Truth and Knowledge; with Truth will come Mental Purity and Moral Beauty; and Knowledge will have as her attendants Observation and Diligence, Understanding and Intellectual Discipline. These parts will be suitably personified and dressed.

"Hygeia, in the centre of the platform, will have the Elements grouped around her, and the Spirit of Nursing and the Science of Nursing with their Attributes to right and left.

"The Goddess will then speak the Prologue, and will demand that Order (in Nursing) be brought out of Chaos. She will show that the basic principle of her Sanitary Law is a sufficiency for all living beings of the fruits of the Earth, pure food, and clothing—of Air, the breath of life—of Fire, sunlight and warmth—of Water, cleanliness. How the deprivation of these elemental gifts of Nature results in degeneration and disease. Order, Nature's first Law, must therefore be enforced by organization. She will call upon the Spirit of Nursing for the result of her ministrations.

"The Spirit will recall how through all the ages her Attributes have spent themselves for the succor of Life, yet how Ignorance and the seven Deadly Sins have for ever obstructed Grace. The Goddess will then refer to Science, and will summon the Mortals to her Presence, so that she may listen to their Petitions.

"THE PROCESSION OF MORTALS

"1. Saintly Women and the Nursing Orders.

"2. The Nursing Curricula for Nurses and Matrons.

"3. Nursing and the Community. General and Special Nursing, Maternity, School, District, Private, Mission, Prison, Mental, Naval, and Military (including Male Nurses).

"4. The Registration Nursing Press. The National Journals—Great Britain and Ireland, Canada, Australasia, New Zealand, India, United States of America, Germany, Holland, Denmark, Finland, Belgium, etc.

"5. The Nursing Acts—South African States, New Zealand, 24 American States, Germany, Belgium, and Egypt.

"6. The Nursing Bills—Great Britain and Ireland, supported by eight affiliated societies, New South Wales and Victoria, Denmark and Finland.

"7. Having listened to the Petitions, the Goddess Hygeia will speak the Epilogue. She will unite the Spirit with the Science of Nursing. Hand in hand they will follow her in a reformed Procession foreshadowing

"8. Nursing, an organized Profession.

"THE ORGANIZING COMMITTEE

"The Matrons' Council organized Section 2. The Nursing Curricula, and the Procession was an imposing one.

"In Section 3, Miss Cox-Davies, Miss Musson, and Miss Barton took leading parts in connection with what has been done in general

hospitals and infirmaries. Miss H. L. Pearse presented the School Nursing Sub-Section, and Miss Amy Hughes was responsible for the history of District Nursing. With each sub-section the names of our honored pioneers were associated.

"Section 4. The Registration Nursing Press, which has played so prominent a part in securing legislation in many parts of the world, was in charge of Miss M. Breay.

"All the Acts and Bills had something to say of accomplishment, or reforms to be accomplished.

"Indeed, so much interest has been aroused amongst nurses in the possibilities of the Pageant that there is no reason why, once organized, such a spectacular presentment of the Evolution of Trained Nursing should not be given in Edinburgh and Dublin, and other populous cities."

The account of the costumes worn by the characters sounds most lovely. Sister Agnes is already planning to have the pageant repeated in Cologne, and the young doctors are keen to dress up as knights of the old nursing orders.

IN NEW ZEALAND HOSPITALS

KAI TIAKI for October discusses the new Act of 1909 as it relates to hospitals, trained nurses, and other women. The provisions of this Act make for progress in standardizing work and efficiency, and give an interesting glimpse of the future outlook from the other side of the world. The article says:

"The new Act for the government of public hospitals and charitable institutions, the distribution of charitable aid, and the establishment of private hospitals, which was passed by Parliament during the session of 1909, and which came into operation on 1st April, 1910, marks a new era in the management of all work connected with the proper provision for the care of the sick, the poor, and the aged.

"As nurses, our readers must be interested in these provisions, many of which open out new fields for the trained nurse. Perhaps one of the most important of the changes which have been brought about is the centralization of control, by making one united board responsible for the care of a whole district, instead of having entirely distinct boards for the government of the various institutions and charities which were established in the one district. One body of representatives, drawn from various parts of the district can survey the whole, and form an impartial decision as to the varying needs of the different parts of the district. This must in time lead to a more equitable distribution

of assistance throughout the country, and will prevent the establishment of unnecessary institutions, and at the same time guarantee that no part of the country will be left without the needed help, supplied according to the judgment of a responsible body which, owing to its component members, has the opportunity of comparing the needs of one part with another, and allocating expenditure fairly.

The Act lays down the kind and scope of institutions which may be established under the Hospital and Charitable Aid Boards in the following terms:

“*a.* A hospital or other institution for the reception or relief of persons requiring medical or surgical treatment, or suffering from any disease, whether infectious or no.

“*b.* A charitable institution for the reception or relief of children; or of aged, infirm, incurable, or destitute persons.

“*c.* A maternity home.

“*d.* A convalescent home.

“*e.* A sanatorium for the reception or relief of persons suffering from consumption or other disease.

“*f.* An institution for the reception of habitual inebriates.

“*g.* A reformatory institution for the reception of women or girls.

“*h.* An institution established for any other purpose which the Governor-in-Council declares to be a public charitable purpose within the provisions of the Act.

“The Act limits the power of the boards to establish new institutions, or add to old ones, by the proviso that no new institution shall be so established, or building erected, or structural addition or alteration costing more than £250 made to any building, unless previous notice in writing of the proposed establishment, erection, addition or alteration has been sent to the minister, and the consent in writing of the minister has been previously given. This gives power to the inspector general to exercise a supervision from a wider point of view than that possessed by the local board over the building of new, or extensions of old institutions.

“The duty of the board pointed out: To make adequate provision for persons suffering from disease, especially of infectious disease, and it is made incumbent on its boards to carry out their duty, as shown to them by the inspector-general.

“The boards are expected to act as local boards of health. It will be to their interests to see that the conditions throughout their districts are such as to promote the general health of the community, on the principle that prevention is better than cure.

“The appointments made by the boards; of medical officers and matrons, masters, and managers of institutions, are under a certain amount of control, in that no such appointment can be made until the expiration of twenty-one days after the minister has been notified of the intention to make such an appointment, unless the minister has previously approved of such appointment. The effect of this will be that in the case of nurses being appointed to the charge of hospitals, the registrar of nurses, who is also the inspector-general of hospitals, will have the opportunity of protesting against the appointment of one who has not proved herself efficient in her previous work. This must make for the gradual improvement of nursing standards. Nurses who are ambitious of obtaining positions of trust will endeavor to fit themselves for such positions, for they will realize that more than the ordinary training of a nurse is needed for one who will have to be both a nurse, an administrator, and trainer of other nurses. That their appointments will have to be subjected to the approval, or adverse comment of authorities who will have had the opportunity of watching their previous work, will prevent nurses lightly taking up new work for which they have not made an effort to qualify themselves.

“Another important provision is that under which the boards are empowered to ‘Appoint such district nurses as they think fit, for the purpose of attending sick persons elsewhere than in an institution.’ This provision is in the interests of the people in the back-blocks; the settlers in which are too far away to receive much benefit from the hospitals to which they have to contribute in the rates. It is only fair and just that the boards should be empowered to expend some of the funds thus collected, and on which government subsidy is paid, for the help and relief of the inhabitants of outlying parts of their districts. By another Bill shortly to come before Parliament, the hospital boards will also be given the duty of providing attendance of a doctor or midwife in confinement, for all women who are not in circumstances which render them easily independent of such help.

“Nurses must equip themselves with knowledge by the necessary training, to enable them to undertake the work which will inevitably come in their way when these enactments become law.

“For women who prefer the independence of working under public bodies for the poorer members of the community, rather than doing private nursing in the houses of the rich, these positions, in which a salary on which they can live, and have a surplus for the future, will be assured, will offer congenial and most interesting work. The

women to undertake this kind of work should be of the highest stamp, both in moral character and in professional ability. We hope that, when these measures for the help of those who need help are brought into force, the aid of the trained nurse so essential for success will not be lacking.

"A provision which greatly affects nurses during their training, and by its consequences their after work, is section 128, which deals with the hours of employment for nurses. This reads as follows:

"'In hospitals of over 100 beds, the hours of employment of uncertificated nurses shall not exceed 56 in any one week.'

"This was incorporated in a supplementary part of the Act, and was not in any way the doing of the promoters of the Bill, except in so far as it was a vast improvement and modification of the clause as first introduced by a private member of the House, from a mistaken sense of compassion for long hours of work (which we may say are unknown in New Zealand hospitals). The first clause included all nurses employed in hospitals, which meant private as well as public hospitals, and was an infringement on the rights of a body of professional women to regulate their own work, and brought them down to the status of people working in trades and factories. A vigorous protest from the Nurses' Association (as reported in previous numbers of the *Journal*), succeeded, with other means, and the representations of the Departmental head of the hospitals and registrar of nurses, in limiting the provision to the unqualified nurses in the large hospitals only. Why we say it affects nurses largely in their after work, is that they are not trained to the endurance necessary for private nursing, when long hours are often inevitable; and also that the strict limitation of their hours of work is apt to make them hurry unduly in finishing their duties, to the detriment of their careful performance.

"What greatly affects women in general, is that there is a special mention that under certain provisions any person, whether male or female, may be elected or appointed a member of a hospital and charitable aid board. This section, by specially drawing attention to the fact that women may be on a hospital board, has furthered their appointment to such offices. Such appointments were not interdicted by previous Acts, but simply had not been made. Women, of public spirit, and well-informed intelligence should here, as in other countries, prove most valuable coadjutors in this kind of work. The provision for the care of the sick and suffering seems to be, and undoubtedly should be, a work which should specially appeal to them, and in which their knowledge of domestic detail and management ought to prove of material

value in the management of the various institutions and in the framing of by-laws.

"The board also has power to form sub-committees, and to have on these committees persons not members of the board. This provision has been taken advantage of already, and various sub-committees with women as members have been set up, to visit and report on the different institutions. Women were also appointed on some of the boards at the first election under the new Act, and at subsequent elections it is probable more will be.

"Ex-nurses who are married, and have leisure, would be excellent members of boards; their knowledge of the conditions of life, which do not so often come under the observation of other women of leisure, should be of great value."

THE request of a nurse to hear the proceedings of a German conference on epilepsy will be answered next month.

ASSOCIATIONS for the prevention of tuberculosis have been formed in Cuba, Porto Rico, and Trinidad. In Cuba there are over 40,000 deaths from tuberculosis every year, and the death-rate from this disease is nearly three times as high as in the United States. In Porto Rico there are over 6000 deaths every year out of 1,000,000 inhabitants. In Trinidad, the death-rate from tuberculosis in Port-of-Spain, the only place where figures are available, was 4.75 per 1000 in 1909, nearly three times the rate in New York City. Conditions in the other islands of the West Indies, where no active campaign against tuberculosis has been undertaken, are even worse. The chief reason for this high mortality is found in the unsanitary, dark, and poorly ventilated houses of the natives of the islands.

IN Denmark, the campaign against tuberculosis has been carried on systematically since 1895. The reporting of living cases of tuberculosis in Denmark has been more successful than in almost any other country of the world. The death-rate from pulmonary tuberculosis has fallen from 19.32 to 13.33 per 10,000 from 1895 to 1908. There is now one sanatorium for every 1244 inhabitants, and every tuberculosis patient is assured of treatment at a cost within reach of any one. The state pays three-fourths of the expense of treatment and the patient or his community the remaining fourth.